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#### FACSIMILE COVER SHEET

TO: US Patent and Trademark Office FAX: 703 872-9306 Attn: Commissioner for Patents GAU: 2132 EXAMINER: Jung W. Kim From: Pehr Jansson, Reg. 35,759	Certificate of Transmission under 37 CFR 1.8  I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 703 872-9306) on February 11, 2005  Cynthra J. Thane
In regard to:  Appl. No. : 09/646,640  Filing Date : 11/09/2000  Conf. No. : 1842  Applicant : Salle  Art Unit: : 2132  Examiner : Kim, Jung W.  Docket No.: 76.0481 (00621/TL)  Customer No. : 41754	This certificate applies to the following documents transmitted herewith:  Certificate of Transmission/Cover Sheet (this page) Fee Payment Request Under 37 CFR 1.97 (1 page) Fee Transmittal SB-17 & Copy (2 pages) Information Disclosure Statement (1 page)
Total number of pages including this cover page	5

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 1 1 2005

Application No.:

09/646,640

Applicant

: SALLE, Patrick

Filing Date

11/09/2000

Conf. No.

: 1842

Art Unit

02/11/2005

2132

Examiner

: KIM, Jung W.

Docket No.

76.0481 (00621/TL) Customer No.: 41754

Commissioner for Patents

P.O.Box 1450

Washington, D.C. 22313-1450

CERTIFICATE OF TRANSMISSION UNDER 87 CFR 1.8

Date of Transmission: \_ February 11, 2005

I hereby certify that this correspondence is being factimile 703/872-9306 on the date indicated above.

Cynthia J. Thane

## FEE PAYMENT UNDER 37 CFR 1.97(c) TO ACCOMPANY INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Applicant hereby submits an IDS for consideration under 37 CFR 1.97(c)<sub>4</sub> Applicant requests that the Commissioner charge the fee of \$180.00 under 37 CFR 1.17(p) for submitting an IDS under 37 CFR 1.97(c)(2) to Deposit Account #502114 under the name of Axalto SA.

Respectfully submitted,

kb 11.2005

Pehr Jansson

Registration No. 35,759

Attn: Pehr Jansson 7628 Parkview Circle Austin, TX 78731-1127 512-241-0837 678-868-0101 (Fax) pehr@pehrjansson.com

Approved for use through 97/31/2006. OMB 0651-0032

FREE TRANSMITTAL FOR FY 2005  Applicant claims and entity status, See 37 CFR 1.27  Applicant claims and entity status, See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (8) 180.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit account Number _ 50/2114  Deposit Account Deposit account, the Director is hereby authorized to: (check all that apply)  ✓ Charge free(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge free(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge free(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge fee(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge fee(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge fee(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below, except for the filing fee ✓ Fee(s)	U.S. Patent and Trademark Onice; U.S. DEPART MENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no nersons are inquired to reacond to a collection of information unless if displays a valid OMB control number								
FEE TRANSMITTAL For FY 2005    Applicant claims small entity status. Son 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 180.00   Art Unit   2132   Attomay Docket No. 76.0481 (00621/TL)		Effeqtive on 12/08/	2004.	L		Comple	te If Known		
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2132     TOTAL AMOUNT OF PAYMENT   (\$)   180.00   Art Unit   2132     TOTAL AMOUNT OF PAYMENT   (\$)   180.00   Attorney Docket No.   76.0481 (00621/TL)     Check	Fees pursuant to th	e Consolidated Appropri	lations Act, 2005 (H.R.	4818).	Application Nun	nber 09/6	346,640		
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2132     TOTAL AMOUNT OF PAYMENT   (\$)   180.00   Art Unit   2132     TOTAL AMOUNT OF PAYMENT   (\$)   180.00   Attorney Docket No.   76.0481 (00621/TL)     Check	FEE TRANSMILIAL [			ᇈ	iling Date	11/0	11/09/2000		
Art Unit   2132   Art Unit		For FY 2	2005		irst Named Inv	rentor SAL	LE		
TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attomey Docket No. 76.0481 (00621/TL)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number. 502114 Deposit Account Name. Axalto SA  For the above-identified deposit account, the Director is hereby authorized to: (chack all that apply)  Charge fee(s) indicated below Credit card information of the term above-identified deposit account, the Director is hereby authorized to: (chack all that apply)  Charge fee(s) indicated below Credit card information of the term may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2538.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  Small Entity  Application Type Fee (3) Fee (3) Fee (5) Fee (5) Fee (5) Fee (6)					Examiner Name	B KIM	KIM, Jung W.		
METHOD OF PAYMENT (check all that apply)   Chock   Credit Card   Moncy Order   None   Other (please identify);   Deposit Account Deposit Account Number   502114   Deposit Account Number   Axalto SA	Applicant cla	ims email entity statu	9, See 37 CFR 1.27		Art Unit	213	2		
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number_502114	TOTAL AMOUNT	OF PAYMENT (	180.00		Attorney Docke	t No. 76.0	0481 (00621/1	rL)	
Deposit Account Deposit Account Number: 50/2114   Deposit Account Name: Axalto SA	METHOD OF F	AYMENT (check a	II that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (chack all that apply)    Charge fee(s) indicated below	Check _	Credit Card	Moncy Order	None	Other (	please identify):_			
For the above-identified deposit execunt, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Deposit Ac	COUNT Deposit Accou	int Number: 50211	4					
Charge any additional fae(s) or underpayments of fee(s)  Various 77 CFR 1.16 and 1.17  WARNINS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (3) Fee (5) Fee (6) F	For the ab	ove-identified deposi	t account, the Directo	or is hereb	y authorized to	o: (check all that	apply)		
Charge any additional face(s) or underpayments of fee(s)  WARNINS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-3233.  **FEE CALCULATION**  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FEE CALCULATION**  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Fee (3) Fee (4) Fee (5) Fee (5) Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee (	√ Cha	rge fee(s) indicated	oelow		Char	ue fee(s) indicate	d below, excep	nt for the filing fee	
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Application Type		FILING							
Design   200   100   100   50   130   65	Application 1	ype Fee (\$)				<u>Fee (\$)</u> F		Fees Paid (\$)	
Plant   200   100   300   150   160   80	Utility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Bach claim over 20 (including Reissues) Bach claim over 20 (including Reissues) Bach claim over 20 (including Reissues) Bach claim over 30 (including less) Bach Claim over 30 (including less) Bach Claim over 30 (including les	Design	200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Bach claim over 20 (including Reissues) Bach independent claim over 3 (including Reissues) Bach independent claims Total Cleims Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)  Fee Paid (\$)  HP = highest number of lotal drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Fee for IDS under 37 CFR 1.17(p) and 37 CFR 1.97 (c)(2)  Registration No. (Axtomoy/Agent)  Registration No. (Axtomoy/Agent)  Registration No. (Axtomoy/Agent)  Telephone 512/241-0837	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Obscription  Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP =	Reissue	300	150	500	250	600	300		
Fee Description  Fach claim over 20 (including Reissues)  Fach independent claim over 3 (including Reissues)  Fach independent claims  Total Claims  Fee (\$)  Fee Paid (\$)  Multiple dependent claims  Total Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s).  Total Sheets  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction, thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Total Sheets  Total Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Total S	Provisional	200	100	0	0	0	0		
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(a).  Total Sheets  Number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction thereof found up to a whole number of each additional 50 or fraction there	- 3	or HP =	х	=			-		
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Other (e.g., late filing surcharge): Fee for IDS under 37 CFR 1.17(p) and 37 CFR 1.97 (c)(2) 180.00  SUBMITTED BY  Signature Registration No. (Attornoy/Agent) 35,759 Telephone 512/241-0837	4. OTHER FEE(S) Fees Paid (\$)								
SUBMITTED BY  Signature  Registration No. 35,759  Telaphone 512/241-0837  (Attornoy/Agent)  35,759									
Signature Registration No. (Attornoy/Agent) 35,759 Telaphone 512/241-0837	Other (e.g., late filing surcharge): Fee for IDS under 37 CFR 1.17(p) and 37 CFR 1.97 (c)(2) 180.00								
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(Autoritay/Agail)		(2/2 V.		Re	egistration No.	35.759	Telephone	512/241-0837	
	Name (Print/Type)	Pehr Jansson	~ ~	L(A	nomey/Agent)	**, **			

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden is about do sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sheet

PTO/SB/08A (08-03) Approved for use through 07/31/2006, OMB 0851-0031

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Substitute for form 1449/PTO	Application Number 00/646 640

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

ľ	Con	Iblere II Known	
	Application Number	09/646,640	
	Filing Date	11/09/2000	_
	First Named Inventor	SALLE, Patrick	
	Art Unit	2132	
	Examiner Name	KIM, Jung W.	
-	Attorney Docket Number	76.0481 (00621/TL)	

			U. S. PATENT	DOCUMENTS	Docce Columns Lines Where
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (F known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		FOREI	GN PATENT DOCU	MENTS		
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Examiner	Date Considered	
Signature		

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